

CLAIMANT'S NAME			SOCIAL SECURITY NUMBER*			DEPARTMENT		
Stephen M. Hardy			On-file			Alcoholic Beverage Control		
POSITION		CB/ID NUMBER	DIVISION OR BUREAU				INDEX NUMBER	
Director			Headquarters				5000	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE)				TELEPHONE NUMBER	
			3927 Lennane Drive, Ste. 100					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
	CA		Sacramento	CA	95834			

(1)MONTH/YEAR AUG.2010		(3) LOCATION  WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
		MILES	AMOUNT											
08/18	0800	SACTO TO ANAHEIM			10.00	18.00					0.00	300.00	328.00	
08/19			156.98	6.00	10.00	18.00	6.00				0.00		196.98	
08/20	2130	ANAHEIM TO SACTO	156.98	6.00	10.00	18.00	6.00			45.00	0.00		241.98	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10) SUBTOTALS			313.96	12.00	30.00	54.00	12.00	0.00		45.00	0	0.00	300.00	766.96
CLAIM TOTAL												\$766.96		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS		(Attach receipts/vouchers when required)	
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08/18/10-08/20/10-Attended the annual National Liquor Law Enforcement Association conference in Anaheim, CA. \$300.000 registration fee paid to attend. \$45.00 for airport parking fee.

(12) NORMAL WORK HOURS	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS	
<b>0800-1500</b>											0.00	
(13) PRIVATE VEHICLE LICENSE No.											0.00	
											0.00	
(14) MILEAGE RATE CLAIMED											0.00	
<b>0.500</b>											0.00	
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>											0.00	
											0.00	
PAID BY REV. FUND CHECK No.											0.00	
<b>TOTALS</b>						<b>TOTALS</b>						0.00
												0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)			DATE